Lessons From the Practice

Myopia Revisited

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Losing sight of the forest for the trees" is an adage that applies to many aspects of life. Practitioners of medicine are not immune to shortsightedness, as the following cautionary tale illustrates.

Some time ago, I was asked by a urologist colleague to place percutaneous nephrostomy tubes and possibly ureteral stents in an elderly woman with inoperable pelvic cancer, ureteral obstruction, and uremia. He had hoped to relieve her ureteral obstruction and had attempted, without success, to place ureteral stents transcystoscopically. When I inquired whether further treatment options had been discussed with the patient, he assured me that an oncologist planned to administer chemotherapy once her renal function improved.

I visited the patient. Both she and her husband were elderly, frail, exquisitely polite, first-generation Japanese who spoke virtually no English. Their son, whom I summoned to translate, spoke somewhat halting English, but I thought our communication was adequate. I did not discuss the issue of chemotherapy, but, rather, concentrated on describing the procedure I was asked to perform, along with its attendant risks.

The procedure, although technically demanding and lengthy, was successful. I was able to place bilateral percutaneous ureteral stents and nephrostomy catheters. Hematuria, not unexpected, occurred initially but resolved over time, and the patient's flank pain gradually abated. Her azotemia lessened, and she appeared to feel better. Both she and her husband smiled and nodded as I made my daily rounds. As is customary, once I ascertained her ureteral stents were functioning properly, I removed the nephrostomy tubes to minimize the risk of infection and make her more comfortable. My job completed, I did not see her again.

Not long afterward, I saw the urologist and inquired about the patient. He said there had been a delay in obtaining approval for a formal oncology consultation. Once treatment options were fully discussed, the family opted against chemotherapy.

"Oh," I thought. "At least we helped her, albeit temporarily, by relieving her uremia." Aloud I said, "The stents are still working, aren't they?"

He flashed a sheepish grin. "I took them out," he said.

"What?" I almost shouted. "Why?"

"After everything was discussed with the patient and her family, they decided they didn't want her to go home with tubes in her. So I cystoscoped her and removed them."

The pain and discomfort she had endured, the hours I had spent doing the procedure and in follow-up, the not-inconsequential dose of radiation she and I had both received during fluoroscopy, and the many thousands of dollars in expenses incurred during nearly two weeks in the hospital were for naught. They all could have been avoided had someone fully communicated the various treatment options before hasty decisions were made to address consequences (in this instance, uremia) of a disease, rather than the disease (inoperable pelvic cancer) itself.

Although I may not be that ideal "someone," I have, since that event, made a greater effort to ensure that each patient understands the ramifications of a decision to proceed with a diagnostic or therapeutic procedure that may be the first step down a path he or she may ultimately not wish to take. A respect for a patient's choice necessarily takes precedence over what we physicians may deem advisable. Once in a while, we are wrong. Even when we are not, we must allow our patients—not unlike our children—to make their own decisions about their lives.

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"Lessons From the Practice" presents a personal experience of practicing physicians, residents, and medical students that made a lasting impression on the author. These pieces will speak to the art of medicine and to the primary goals of medical practice—to heal and to care for others. Physicians interested in contributing to the series are encouraged to submit their "lessons" to the series' editors.

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